



# Travel Voucher

Traveler's Name: \_\_\_\_\_

Traveler's Employer Identification Number \_\_\_\_\_

### Itemized Expenses

Date										Total
Lodging										\$ -
Food										
Breakfast										
Lunch										
Dinner										
Other Food										
Other Food										
Other Food										
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Food Reimbursed</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$ -
Transportation										
Registration fees										
Vehicle Rental										\$ -
Other Expenses										\$ -
Taxi/shuttle										\$ -
Parking										\$ -
<b>Total</b>										\$ -

Original receipts are required for all itemized expenses. Any changes or strikeouts must be initialed. Commodity Code: T0100

**Per Diem** \_\_\_\_\_ Days at \$ \_\_\_\_\_ + \_\_\_\_\_ Hours at \_\_\_\_\_ = \$ \_\_\_\_\_

Date and Time of Departure \_\_\_\_\_ Date and Time of Return \_\_\_\_\_

Mileage \_\_\_\_\_ Miles at \$ 0.32 Per Mile = \$ \_\_\_\_\_

**Total Amount to be Reimbursed = \$ \_\_\_\_\_**

Cost Account: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cost Account: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

I certify that this accounting is just and true to the best of my knowledge.

Submitted By: \_\_\_\_\_  
*Traveler*

Approved By: \_\_\_\_\_  
*Vice President/President*

Approved By: \_\_\_\_\_  
*Dean/Director/Supervisor*

Pre-Audit By: \_\_\_\_\_

Approved By: \_\_\_\_\_  
*Control Agent*

Travel Request Number